REQUEST FOR SUSPENSION FORM (ORS Rev 3-2-10)

| 251497 | |
|--------|-------|
| 2017 | -230T |

Mail or fax a copy to:

| File the original with: | Mail or fax a copy to |
|--|--|
| Public Service Commission of South Carolina Clerk's Office Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896 – 5100 FAX (803) 896-5199 | S.C. Office of Regulatory Staf Transportation Departmen 1401 Main Street, Suite 900 Columbia, S.C. 2920: (803) 737-0576 FAX (803) 737-081 |
| DATE: 7-15-14 | |
| Please consider this as my Request for Suspension | OFFICE OF REGULATORY STAFF |
| Class C Taxi Certificate Number 8615 | |
| Class C Charter Certificate Number | _ |
| Class C Charter Bus Certificate Number | 19 75 1 |
| Non-Emergency Certificate Number | |
| Class E Household Goods Certificate Number | |
| Class E Hazardous Wastes Certificate Number | |
| I request that my certificate be suspended until | 5/2014 |
| Date: (XX, | |
| (Name of Company) | (if applicable) |
| (Street and or Mailing Address) | (City, State, Zip Code) |
| 8/3. 5360/20 (Telephone Number) | (Signature and Title, i.e., President, Owner) |
| | e to state clearly and concisely the justification |
| Reason for Request for Suspension of Operation | ns: |
| Will Not Remail IN | SURANCE |
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